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WASHINGTON, DC 20000-1021						(Depositor's name)				
						·			(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVE				ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/586,641	10/586,641 07/19/2006		Keizo Ikari					2006_1164A	6066	
TITLE OF INVENTION	: SPECTACLES LENS	AND PR	RODUCTION MI	ETHOD THEREOF						
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
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EXAMINER		,	ART UNIT	CLASS-SUBCLASS	ss					
SANDERS, KRIELLION ANTIONETTE			1796 524-091000							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON				or agents OR, alte (2) the name of a registered attomey 2 registered patent listed, no name wi	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Wenderoth, Lind & Ponack, L.I.P. 3 HE PATENT (print or type)					
(A) NAME OF ASSIC	T a substitute for filin (B) RESIDENCE: (6 TOKYO; JAPA	on the patent. If an assignee is identified below, the document has been filed for filing an assignment. THE COMMISSIONER IS AUTHORIZED EL (CITY and STATE OR COUNTRY HARGE ANY DEFICIENCY IN THE								
Please check the appropri	ate assignee category or	categori	ies (will not be pr	inted on the patent):		Individual Co	rporati	on or other private gro	up entity Government	
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Authorized Signature	Man	tu	Jan	·		Date <u>Dec</u>	embe	r 3, 2008		
Typed or printed name	Matthew M	. Jac	cob			Registration N	lo	25,154		
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